Integrating Quality & Compliance

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Speakers’ Disclaimer

- Richard E. Moses, DO, JD and D. Scott Jones, CHC do not have any financial conflicts to disclose.
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Presentation Goals

- Understand PPACA's quality requirements
- Discuss the changes in traditional quality programs under PPACA
- Define the Compliance Officer’s role in quality
- Identify physician quality leaders and their role
- Integrating compliance and quality
INTRODUCTION

- Quality Reporting Measures Under PPACA
- Changing Traditional Quality Roles
- Compliance Officers: The Quality Champions
- Physicians: The Quality Leaders
- Goals: Compliance and Quality Integrated
- Summary & Conclusions

QUALITY REPORTING MEASURES UNDER PPACA
PPACA: Health Care Reform

- Health Care Reform Goals
  - Improve Access
  - Universal Coverage
  - Increase quality reporting to include outcomes
  - Increase integration of care through partnerships of physician networks and hospitals
  - Cost control and cost reduction

Hospital Value-Based Purchasing

- PPACA Title III, Subtitle A: Transforming the Health Care Delivery System
  - Incentive Payments to Hospitals meeting performance standards in:
    - MI, Heart Failure, Pneumonia, Surgery, Infections, Pulmonary Embolism
    - ED, Readmissions, Children’s Asthma
  - Performance Scores increase/decrease DRG payments
  - Incentives up to 2% of the Medicare FS by 2017
  - Data and Scores on Hospital Compare Internet Site
  - GAO reports October 2015 and January 2016

Hospital Acquired Conditions (HAC) Payment Reductions

- PPACA Section 3008
  - FS Payments for Hospital Acquired Conditions will equal 99% of the FS
  - The Secretary determines lists of “hospital acquired conditions” — expect additions over time
  - Confidential reports to hospitals tracking conditions
  - This program will be expanded to all other types of providers
  - Possible CMS reports on Hospital Compare Internet Site
  - Effective FY 2015
Long Term Care, Rehabilitation, Hospice, PPS Exempt Cancer Hospitals, SNF, HHA

- PPACA Sections 3304-3006
- Quality Reports required for all facilities
- CMS "Compare" Internet sites to post data
- Reduction in the "increase factor" of payments, up to 2%
- Increase Factor can = 0%, resulting in a 2% reduction

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Physician Compare Website

- PPACA Section 10331(a)(1)
  - PQRS Measures Reported
  - Assessment of Patient Health Outcomes
  - Assessment of continuity and coordination of care
  - Assessment of efficiency and cost
  - Assessment of patient experience
  - Assessment of safety, effectiveness, and timeliness of care
  - July 2014: User Interface established online
  - January 1, 2015: CMS Report to Congress

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Physician Compare User Interface and Quarterly Updates

- July 17, 2014: Physician Compare quarterly website enhancement announced
- Reordered search options to ensure that the specialties most relevant to the search term appear first
- Refined the "Is this you?" link for physicians
- Allows physician to update information on Physician Compare
- "Added a full Google Mash-Up on the profile page Location tab to improve usability and accuracy"
Bonus: What is a Google Mash Up?

- “A MashUp is an Internet site that combines content data from more than one source to create a new user experience” — Mariziah Karch, Google Expert
- **What this means:**
  - “MashUp” is a pop music term; when two or more songs are combined into a new song.
  - September 1, 2014: “Google MashUp Editor is no longer available. Thank you for your interest.” Developers.Google.com
- **Oops...Someone Please Alert CMS Physician Compare!**

Physician Compare Website

- CMS allows physicians & other professionals to review their results and information
  - 30 day preview period for all measurement data
- **CMS review process:**
  - Uses the Provider Enrollment, Chain, and Ownership System (PECOS) — changes must be entered by physician or healthcare provider enrolled in CMS

2015 Physician Fee Schedule
Proposed Rule

- 2015: PQRS GPRO web interface, registry, and EHR measure data for group practices and ACOs
- 2015: PQRS individual measures collected through a registry, EHR, or claims
- 2015 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS and for ACO measures
- 2015 Qualified Clinical Data Registry (QCDR) measure data
- [https://federalregister.gov/a/2014-15948](https://federalregister.gov/a/2014-15948)
- Comment period ended 9/2/2014; waiting for final rule
Quality Reporting

- PPACA Section 10331(a)(2): CG-CAHPS
  - Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)
  - “Certified Survey Vendor” created

- PPACA Rule CMS-1600-P Quality Reporting Measures
  - Effect of not reporting PQRS occurs in 2016
  - Failure to report a selection of the measures = up to 2% reduction in prevailing Medicare Fee Schedule (FS)
  - Qualified Clinical Data Registries created for sub-specialists dealing with specific diagnoses, conditions (§ 1848(m)(3)(E)(ii))

Value Based Modifier (VBS)

- How quality data reported under PQRS equals modification to payments under the Fee Schedule
- VBS use begins 2015; full implementation 2017
- Physician groups of 10 or more must report beginning 2016; expect all physicians to report by 2017
- Quality tier system results in FS reductions of up to 2%
- QRUR (Quality and Resource Use Reports) will report how the value based modifier will impact individual physician reimbursement, beginning 2014

Quality: Traditional Roles In Transition
PPACA and Quality

- Fee-for-service → Value-based/Quality-based reimbursement system
- Goal is to reward doctors & hospitals for improving quality of care

Subsequent trends:
- Outcome-based payments
- Lower demand for hospitals
- Increased number of insured patients
- Improved patient experience
- Hospital competition on outcomes and total value
- Increased physician employment

National Strategy for Quality Improvement in Health Care

- PPACA Part S, Subpart I, Section 399HH(2)(B)(i-iii)
- Establishes Priorities that will:
  - “Have the greatest potential for improving health outcomes, efficiency, and patient-centeredness…”
  - “Identify areas...that have the potential for rapid improvement in the quality and efficiency of patient care…”
  - “Address gaps in quality…”

National Strategy for Quality Improvement

- HHS Annual Report to Congress, 2012
- “Key Measures and Long Term Goals”
  - “…reducing the harm caused in the delivery of care...reduce harm from inappropriate or unnecessary care....”
  - CDC: 5% of hospital patients acquire health care associated infections
  - 145 Health Care Acquired Conditions (HACs) occur per 1,000 admissions
  - AHRQ: Hospital Readmissions occur at a rate of 14.4%
  - HACs (Hospital Acquired Conditions) are or will be non-reimbursable in most circumstances. Quality must improve.
INTERSECTION: Compliance, Quality, Fraud & Malpractice

- Government Accountability Office (GAO)
  - "...beneficiaries...who receive healthcare from providers who adhere to PPACA...may receive higher quality of care...Conversely, those who receive care from providers who fail to do so may receive lower quality of care."
  - "...it is possible that, if these (PPACA) standards and guidelines become accepted medical practice, they could impact the standard of care against which provider conduct is assessed in medical malpractice litigation."
- Inadequate Quality can = Fraud and Malpractice.

Compliance Officers: The Quality Champions

INTERSECTION: Compliance, Quality, Fraud, & Malpractice

The Beginning

- CIA → Tenet Healthcare Corporation 2006
  - 63 pages named quality issues
  - Clinical quality departments
  - Clinical audits
  - Evidence-based medicine
  - Standards of clinical excellence
  - Quality metrics

https://oig.hhs.gov/fraud/cia/agreements/TenetCIAFinal.pdf
Never Events

- §5001(c) of the Deficit Reduction Act of 2005 (DRA)
  - Never events are not reimbursable by CMS
  - Hospital acquired conditions are not reimbursable
  - Implementation timeline
    - Medicare 2008
    - Medicaid 2011
    - States July 2012

Office of Evaluations & Inspections (OEI)

- July 19, 2012
  - "...hospitals reported only 1% of [never] events. Most of the events...were not identified by internal hospital incident reporting systems."

- Compliance Officer responsibilities
  - Monitor frequency of reports & quality of data
  - Educate staff members on reporting
  - Monitor billing for all adverse medical events

- National Academy for State Health Policy (NASHP)
  - List of never event reporting requirements

INTERDISCIPLINARITY

- COMPLIANCE DISCIPLINES, 1996-PRESENT
  - Billing and Reimbursement
  - Coding
  - Medical Records Documentation
  - Auditing and Monitoring
  - Investigations
  - Medical-Legal Research
  - Education and Training
  - Reporting (management and billing related)
  - HIPAA Privacy and Security
INTERDISCIPLINARITY

• PPACA REQUIREMENTS ADD:
  • Electronic Medical and Health Records
  • Quality of Care Reporting
  • Risk Management and Error Prevention
  • Medical Error Reduction
  • Medical Error Disclosure
  • Self Disclosure of Overbilling
  • Patient-Staff-Physician Communications and Portals
  • Quality of Care Violations that equal Medical Malpractice
  • Physician and Medical Practice Management through integration

Quality is INTERDISCIPLINARY

• No one discipline can accomplish compliance
• Integration between compliance disciplines is necessary
• Interdisciplinarity uses integration to produce a cognitive advancement resulting in a positive and productive outcome
• Quality must be Priority 1 at all levels in the organization

Physicians:
The Quality Leaders
Value Based Reimbursement Equation

VALUE = QUALITY - COST

Quality Measuring Value

- PQRS (Physician Quality Reporting System)
- Meaningful Use
- Value-Based Payment Modifier (VBPM/VBM)
  - 2015 Roll out
- Outcomes/Process Measurements
  - Differ per medical specialty
    - GI, Cardiology, Pulmonary, et cetera
- Patient Satisfaction Surveys

PQRS

- Reporting program that uses a combination of incentive payments & payment adjustments to promote reporting of quality information by eligible professionals (EPs)
- Provides incentive payment to practices with EPs
  - EPs report on quality measures for covered Physician Fee Schedule services
- EPs identified by their individual National Provider Identifier number (NPI) & Tax Identification number (TIN)
**PQRS**

- Beginning 2015 program applies payment adjustment to EPS who do not satisfactorily report data on quality measures for covered professional services
- Must be successfully participating in PQRS or receive only 98.5% of allowed Part B payments in 2015
  - 2011 → +1%
  - 2012 – 2014 → +0.5%
  - 2015 → -1.5%
  - 2016 → -2%

**PQRS 2014**

- Measures grouped into domains → reporting required from various domains
  - 6 National Quality Strategy Domains (NQS Domains)
    - Person & Caregiver-Centered Experience & Outcomes
    - Patient Safety
    - Communication & Care Coordination
    - Community/Population Health
    - Efficiency & Cost Reduction
    - Effective Clinical Care

**PQRS**

**GI Measure Example (2014)**

- Colorectal cancer screening → Colonoscopy
  - Adenoma (polyp) detection rate measure
  - Effective Clinical Care (NQS Domain)
- 2014: Earn 0.5% incentive if you report 9 measures covering 3 domains
- To avoid 2% payment cut, must report 3 measures covering 1 domain
- Documentation is extremely important!
Meaningful Use

- Use of certified electronic health record (EHR) technology to:
  - Improve quality, safety, efficiency, & reduce health disparities
  - Engage patients & families
  - Improve care coordination, and population & public health
  - Maintain privacy & security of patient information

“Hope” is meaningful use compliance will result in:

- Better clinical outcomes
- Improved population health outcomes
- Increased transparency & efficiency
- Empowered individuals
- More robust research data on health systems

Stages of Implementation

- Stage 1 (2011-2012)
  - Data capture & sharing
- Stage 2 (2014)
  - Advance clinical processes
- Stage 3 (2016)
  - Improved clinical outcomes
VBPM

- § 3007 Affordable Care Act mandated CMS by 2015 to begin applying a VBM under Medicare Physician Fee Schedule
- QRURs (Quality Resource & Use Reports)
  - Outcomes reports submitted via PQRS system
  - CMS assigns medical practices to Quality & Cost tiers affecting reimbursement
- 2015 → VBPM applies to practices with ≥ 100 providers
- 2016 → VBPM applies to practices with 10 – 99 providers

Patient Surveys
HCAHPS (“H-caps”)

- HCAHPS
  - Hospital Consumer Assessment of Healthcare Providers and Systems
- First national, standardized, publically reported survey of patients’ perspective of hospital care
- Aka: CAHPS Hospital Survey
  - Survey instrument & data collection methodology for measuring patients’ perceptions of their hospital experiences

Patient Surveys
HCAHPS

- 3 Broad Goals:
  - Produce objective & meaningful data of patient perspective of hospital care
  - Create new incentives for hospitals to improve quality of care through public reporting of the survey
  - Enhance accountability in health care by increasing transparency of quality of hospital care provided
- Not restricted to Medicare beneficiaries
- Administered to random patient sample between 48 hours to 6 weeks after discharge
HCAHPS
Patient Surveys

http://www.medicare.gov/hospitalcompare

Patient Surveys
Physicians

- Quality measurement
- Will they become a reality?
- Hospital Side:
  - 45% of VBP Equation
  - 55% based on clinical outcomes
- Patients have to like you 100% of the time
- http://www.medicare.gov/physiciancompare

Value Based
Reimbursement Equation

VALUE = QUALITY
      COST
The Elephant in the Room...

Financial Burden

The true costs of EHR systems

Internet issues
Network patches
Consultants
IT updates
Audits
Lost Professional time

Clinical Practice Guidelines (CPGs)

- Institute of Medicine
- CPGs Defined:
  - "Systematically developed statements to assist the practitioner with patient decisions about appropriate health care for specific clinical circumstances."

TO ERR IS HUMAN: BUILDING A SAFER HEALTH CARE SYSTEM (1999)
Barry Furrow, et al., HEALTH LAW 267 (2nd ed. 2000)
GUIDELINES
Quality

- Government Accountability Office (GAO)
  - "...beneficiaries who receive health care from providers who adhere to PPACA... may receive higher quality of care. Conversely, those who receive care from providers who fail to do so may receive lower quality of care."
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CPG
Quality & Reimbursement

- Measures collected under PQRS → “Quality Measures”
- Assessment of patient health outcomes & functional status of patients
- Assessment of continuity & coordination of care & care transitions

CPG
Quality & Reimbursement

- Assessment of efficiency
- Assessment of patient experience & patient, caregiver, & family engagement
- Assessment of safety, effectiveness, & timeliness of care
EHR Quality Issues

- Cloning/Cut & Paste
- Did/did not perform
  - Dropdowns, templates, defaults, macros
- Pre-populated templates
- Voice recognition issues

EHR Quality Issues

- Failure to check all areas of program for results
  - Scanned data v. direct drop
- Improper scanning by support staff
- Failure to check “paper chart” or “scanned chart”
- Changing the note
- Locking the note

EHR Quality Issues

- Chart inconsistencies
  - History
  - Exam
- Failure to read office visit notes created
- Automatic acceptance of coding engine recommendation
- Automatic acceptance of modifier recommendation
Quality & Compliance Survival

- Develop a process to use EHRs to evaluate patients
  - Be careful → Take your time
- Clinical Practice Guidelines
- Documentation is crucial
  - ICD-10 may be our best friend
- DO NOT FORGET THE PATIENT

Goals: Compliance and Quality - Integrated

Compliance and Quality Road Map

- PPACA mandates improved Quality and Compliance through clinical integration
- Clinically Integrated Networks require clinically integrated compliance
- Compliance Officers must team with clinical professionals in a new interdisciplinarity
- Coding, documentation, billing and reimbursement, and care delivery staff must be included in multidisciplinary compliance efforts
Summary & Conclusions

Thank You

Health Care Compliance Association
Clinical Practice Compliance Conference
Loews Philadelphia Hotel
Philadelphia, PA
October 12-14, 2014